

REC'D JUN 10 1938

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

18797

Do not use this space.

## 1. PLACE OF DEATH

(a) County MAEON Registration District No. 527  
 (b) Township \_\_\_\_\_ Primary Registration District No. 5703 Registered No. \_\_\_\_\_  
 (c) City BEVIER (d) Street No. 4512  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME ADAM John Sacks D 6-0

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ELIZABETH SACKS

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 8 - 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
75 7 10

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. COAL MINER

9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ILLINOIS13. NAME ADAM SACKS14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY15. MAIDEN NAME KATHERINE SILAS16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY17. INFORMANT MRS. GEO. WHITAKER (ADDRESS) BEVIER, MO18. BURIAL, CREMATION, OR REMOVAL PLACE WEIN, MO DATE 5-20-3819. FUNERAL DIRECTOR H. J. Edwards (ADDRESS) BEVIER, MO20. FILED May 26, 1938 Edw. Simpson Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY 18 1938

I HEREBY CERTIFY, That I attended deceased from

May 8, 1938 to May 18, 1938I last saw him alive on May 18, 1938 Death is saidto have occurred on the date stated above, at 11:15 P.M.

The principal cause of death and related causes of importance were as follows:

Cardio-vascular Date of onset  
renal disease about 6 yrs

Other contributory causes of importance: 131

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Clinical Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify \_\_\_\_\_

(Signed) J. J. Edwards M. D.(Address) Macon MO

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No. ....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....  
L. E.

No. .... or by ....., Registered Apprentice No. ....

working under my personal supervision.

Signed .....

.....  
Licensed Embalmer No. ....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**